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PTO/SB/05 (08-03) Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	`	1
First Inventor	Kiomars Anvari	
Title	Multi-Carrier Peak Reduce Amplitude clipping And Pha	sc A TT
Express Mail Label No.		10616

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 1 2] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s))					
Drawing(s) (35 U.S.C. 113) [Total Sheets] Outh or Declaration [Total Sheets] Newty executed (original or copy)	10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable)					
a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:						
Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
19. CORRESPONI	DENCE ADDRESS					
Customer Number:	OR Correspondence address below					
Name Kiomars Anvari						
Address 1567 SERAFIX RD						
City ALAMO	State CALIFORNIA Zip Code 94507					
	elephone 925-947-5839 Fax					
Name (Print/Type) Kiomass Anvari	Registration No. (Attorney/Agent)					
Signature	Date 750 12-2004					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (

(\$)	3	25		0	7>
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Complete if Known						
Application Number		(
Filing Date						
First Named Inventor	Kiomars	Anvari				
Examiner Name						
Art Unit						
Attorney Docket No.						

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. Al	DDITI	ONAL	FEE	S	
Deposit Account:	<u>Large</u> l	Entity	Small	Entity	,	
Deposit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Bald
Account Number	1051	130	2051	65	Surcharge - late filing fee or oath	Fee Pald
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Name					cover sheet	
The Director is authorized to: (check all that apply)	1053 1812	130	1053 1812		Non-English specification For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	•	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1004	920	1004	320	Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	L
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 205 Hellin Sline for	1255	2,010	2255	1,005	Extension for reply within fifth month	<u> </u>
1002 340 2002 170 Design filing fee 385	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 3 2 5	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453	1,330	2453	665	Petition to revive - unintentional	<u> </u>
Fee from	1501	•	2501		Utility issue fee (or reissue)	<u> </u>
Extra Claims below Fee Paid Total Claims 3 -20** = 0 x	1502	480	2502		Design issue fee	<u> </u>
Independent 2**-	1503	640	2503		Plant issue fee	——
Claims Autiple Dependent 4	1460	130	1460		Petitions to the Commissioner	<u> </u>
Large Entity Small Entity	1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt Recording each patent assignment per	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	property (times number of properties)	
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims					examined (37 CFR 1.129(b))	
over original patent	1801	770	2801	385		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic f	Filing F	ee Paid SUBTOTAL (3) (\$)	0

SUBMITTED BY	<u> </u>	(Complete ((Complete (if applicable))		
Name (Print/Type)	Kiomars Anvari	Registration No. (Attorney/Agent)	Telephone	(925)947-5839	
Signature	Whi		Date	Jan 18-2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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